

ENDOCRINE REVIEWS

JUNE 2010 · VOLUME 31 · NUMBER 03
Supplement 1

ENDO 2010 ABSTRACTS



The Endocrine Society's 92nd Annual Meeting & Expo

2009-2010 Officers & Council	Si
2009-2010 Annual Meeting Steering Committee	Sii
ENDO 2010 Abstract Reviewers	Siii
How to Use Online Abstracts	Siv
ENDO 2010 Abstracts	S1
Author Index	S2559
Subject Index	S2595

P2-466

Prevalence and Characterization of Hypogonadism among Men with Human Immunodeficiency Virus Infection: Preliminary Results.

V Rochira¹, D Santi¹, G Brigante¹, L Zirilli¹, C Diazzì¹, G Orlando¹, C Carani¹ and G Guaraldi¹.

¹Univ of Modena and Reggio Emilia Modena, Italy.

Introduction: Among various comorbidities of Human Immunodeficiency Virus-1 (HIV-1) infection male hypogonadism is very frequent with a prevalence of 19% in patients treated with highly active anti-retroviral therapy (HAART). Literature data are lacking and achieved by studies with less than 300 subjects each.

Aim of the study: Prevalence and clinical characterization of hypogonadism among a large number of men with Human Immunodeficiency Virus Infection.

Methods: Endocrinological examination and hormonal screening including serum total testosterone, LH and FSH assays have been performed in 950 outpatients aged 20-69 years (mean age 45.5 years) at the Metabolic Clinic of Infectious and Tropical Disease between 2005 and 2009.

Results: Mean serum total testosterone was 470.9±205.5 ng/dl. Considering Endocrine Society threshold for hypogonadism diagnosis, 15.7% of our patients was hypogonadic (T<300ng/dl); referring to LH levels 8% of them was hypogonadotropic, 77.2% was normogonadotropic and 14.8% was hypergonadotropic. According to threshold proposed by International Society for the Study of the Aging Male (ISSAM) 23.7% of subjects results hypogonadic (T<346ng/dl) of which 5.8% was hypogonadotropic, 80% normogonadotropic and 14.2% hypergonadotropic.

Table 1

	Endocrine Society (T<300ng/dl)	ISSAM (T<346ng/dl)
Percentage of hypogonadism (n hypogonadic/n total)	15.7% (149/950)	23.7% (225/950)
LH<1.4 mIU/ml	8% (12/149)	5.8% (13/225)
1.4<LH<8.9 mIU/ml	77.2% (115/149)	80% (180/225)
LH>8.9 mIU/ml	14.8 % (22/149)	14.2% (32/225)

Conclusions: Our results demonstrate a prevalence of hypogonadism in HIV patients comparable to older healthy subjects (19.3% of hypogonadism in patients with mean age 58.7 years; Schneider 2009). This study, which is conducted on an elevated number of HIV patients, shows that the prevalence of hypogonadism is higher than in general population. Normogonadotropism predominance in subjects with hypotestosteronemia suggests also a possible involvement of a pituitary dysfunction in the development of hypogonadism.

Nothing to Disclose: VR, DS, GB, LZ, CD, GO, CC, GG

THE ENDOCRINE SOCIETY / ENDO 2010 ABSTRACTS

AUTHOR INDEX

All faculty/presenters are required to disclose relevant financial interests or conflicts of interest. Disclosure Statements are provided with individual abstracts following each speaker's name and institution.


AUTHOR INDEX

Reincke, M	P2-654	Richard, RJ	P1-1	Rodrigues, F	P1-575	Rosenfeld, W	P2-717, P3-701,
Reindollar, RH	P1-308	Richards, AM	P3-234	Rodrigues, LFAA	P3-322		P3-702, P3-703
Reinehr, T	P2-477, P2-708	Richards, JS	OR28-4, P3-352	Rodrigues, MP	P1-500	Rosenfeld, RL	P1-704
Reiner, B	OR35-5, P2-705, P3-687	Richards, ML	P3-624	Rodrigues, P	P3-306	Rosen Mogul, H	P3-426
Reinert, RB	P3-487	Richards, S	OR06-1	Rodriguez, AL	P2-300	Rosenwaks, Z	P2-184
Reingold, B	P2-513	Richardson, E	P1-481, P2-258	Rodriguez, L	P3-674	Rosenzweig, JL	P3-715
Reinsberg, J	P2-390	Richardson, KM	P3-625	Rodriguez-Flores, C	P2-575	Roseweir, AK	OR29-4
Reis, ACS	P1-694	Richardson, VM	P2-82	Roef, GL	P3-165	Rosilio, M	P1-665
Reis, AM	P1-331, P3-201	Richel, DJ	P2-47	Roelfsema, F	OR16-3, P1-260,	Ross, A	P3-573
Reis, LC	P1-217	Richer, JR	P1-54		P2-404, P2-691	Ross, FP	P2-194
Reis, MC	P1-500	Richter-Unruh, A	OR21-2	Roemmler, J	P2-352	Ross, GP	P1-644
Reis, MTA	P1-186	Rick, FG	P1-236	Roganovich, JM	P1-277	Ross, J	P1-683, P1-684, P2-336
Reisch, N	P2-747, P3-23	Rickard, AJ	OR-LB4	Roger, T	P3-607	Ross, JL	P1-389, P1-674
Reiter, K	P2-400	Rickels, K	OR30-3	Rogers, B	P3-649	Ross, NA	P3-546
Reiter, MH	P2-481	Rickels, MR	OR30-3	Rogers, NH	P2-507	Ross, RJ	P1-221
Reitz, E	P1-181	Rickert, EL	P3-223	Rogerson, FM	OR02-1	Rossetti, R	P1-305
Reitz, R	P2-109	Ride, JP	P3-28	Roggenbuck, U	OR16-6	Rossi, M	P1-543
Reitz, RE	OR22-1	Ridgway, EC	OR41-5	Rogowski, R	P3-35	Rossi, MA	P2-680
Rejmank, L	P1-165	Ridrujo, C	P1-719	Rogozinski, A	P2-171, P3-258	Rossi, R	P1-543
Rejon, CA	P2-149	Rieanrakwong, D	P1-329	Rohmer, V	P1-552, P3-260	Rossier, BC	P3-607
Remboutsika, E	P3-190	Rieder, MJ	P2-675	Roitman, A	P3-539	Rossier, MF	P3-606
Ren, R	P1-27	Riedl, M	P3-434	Rojas, P	P3-396	Rota, CA	P2-103
Ren, S	OR38-6, P1-613	Riedl, S	P3-698	Rojas-Garcia, PP	P1-342,	Rota, L	OR03-6
Renbaum, P	P1-690	Rieger, S	P3-44		P3-340, P3-341	Rotgers, E	P3-343
Render, ML	OR15-4	Riepe, FG	P3-723	Rojkind, M	P3-456	Roth, CL	P2-477
Rendon, LM	P2-307	Riesgo-Suarez, PA	P1-272	Roland, AV	P2-275	Roth, MY	P1-387
Renne, U	P1-415	Rigby, AS	P3-584	Rolfe, C	P1-397	Roth, R	P3-602
Rensing, KL	P2-47	Rigby, E	P1-253	Rollene, NL	P2-343	Rothenberg, R	P1-715
Renthal, NE	OR-LB6	Rigl, CT	P1-542	Rollin, G	P3-643	Rothman, J	P3-472
Repaske, DR	P3-324	Rijs, KJ	OR37-6, P1-178	Romanholi, DJPC	P2-323	Rothwell, SW	P2-723
Repetto, EM	P1-629, P1-631	Rimoldi, D	P1-719	Romano, L	P3-478, P3-480,	Roti, E	P1-543
Resch, J	P1-73	Rink, R	P3-723		P3-481, P3-482	Rotman, S	P3-607
Resl, M	P3-434	Rio, A	P2-330	Romano, MC	P3-399	Rotman-Pikielny, P	P3-539
Resmini, E	P2-671, P3-637	Rios, VM Jr	P2-272	Romano, N	OR38-1	Rotondi, M	P3-595
Resnick, JL	P3-171	Rippe, JM	P2-523	Romano, S	P1-576	Rotondo, F	P2-316
Ressio, RA	P3-79	Riquelme, EM	P2-623	Rome, E	P1-371	Rotter, JI	P1-478, P3-504
Rettig, R	P2-654	Risbridger, GP	P2-37	Romeijn, N	P1-256	Rottinghaus, GE	P3-71
Reubi, JC	P2-101	Risek, B	P3-65	Romer, T	P2-703	Rotwein, P	P1-133, P2-140,
Reusch, JEB	P1-485, P3-137	Rissman, EF	P2-61	Romero, A	P2-596		P3-153, P3-231
Reuwer, AQ	P1-227	Rivarola, MA	P2-742, P2-745,	Romero, C	P2-184	Rouanet, C	P2-58
Revesz, A	P1-509		P2-746, P2-750	Romero, M	P2-272	Rouba, H	P2-367
Rey, JP	P2-273	Rivas, MA	P1-23	Romero-Gutierrez, G	P3-507	Roubenoff, R	P2-453
Rey, R	P3-340	Rivero-Muller, A	P3-343	Romijn, JA	OR14-6,	Roudaut, N	P1-261, P1-633
Rey, RA	OR35-2	Rivkees, SA	P2-595, P3-723		OR16-3, OR20-2, OR36-5,	Rouleau, J	P3-295
Reyes, BAS	P1-215	Rizos, D	OR27-6		OR42-4, P1-260, P1-275,	Rouleau, S	OR43-3
Reynaud, R	P1-677	Robbins, D	P3-534		P1-649, P2-244, P3-540	Roupeau, N	P3-204
Reynolds, D	P2-726	Roberge, C	P1-420	Romualdi, D	P3-394	Rouse, A	P3-701
Reynolds, HE	P1-621	Roberson, M	P2-276	Romundstad, PR	S19-3	Rouse, DJ	OR30-2
Reynolds, J	P1-542	Roberson, MS	P1-108	Ronchetti, SA	P3-193	Rousseau, L	P2-224
Reynolds, JC	OR08-6, OR14-2, P3-182	Robertson, A	P1-214	Ronco, J	P2-689	Russel-Gervais, A	P1-616
Reynolds, RM	P3-33	Roberts, CT	P2-162	Ronconi, V	P2-635	Roux, E	P3-138
Reynoso-Mendoza, R	P3-433	Roberts, G	P2-667	Rone, MB	P3-19	Roux, FX	P1-279
Rezvani, G	P3-693	Roberts, SA	OR31-1, P3-336	Ronin, A	P3-419	Roux-Lombard, P	P3-606
Rhee, EJ	P3-187	Robertson, DM	P2-141, P2-147	Root, AWR	P3-680	Roveto, S	P1-719
Rhee, SY	P1-257	Robey, P	P3-150	Root, J	P3-704	Rovner, AJ	P2-117
Rhee, Y	P3-161	Robins, DM	OR31-4, P1-109, P2-5	Ropelato, MG	OR35-2	Rowan, BG	P1-47
Rhee, YM	OR26-5, P3-166	Robinson, A	P2-195	Ropers, HH	P1-308	Rowell, J	P1-426
Rhie, YJ	P2-65	Robinson, I	P2-315	Rosa, TC	OR32-3, P3-478,	Roy, S	OR29-5
Rhoads, SA	OR25-2	Robinson, IC	P2-304		P3-480, P3-482	Royer, C	P2-21
Rhodes, E	P2-550	Robinson, J	P2-383	Rosai, J	P1-542	Rozenyryt, P	P1-402
Rhodes, SJ	P1-101, P3-694	Robinson, LJ	P1-725	Rosano, GMC	P2-483	Rozhinskaya, LY	P3-274
Ribar, TJ	P1-460	Robitaille, J	P1-431, P3-506	Rosario, ER	P2-478	Rubeck, KZ	P3-246
Ribas, V	OR01-5	Robson, HJL	P3-18	Rose, JC	P1-615	Rubin, B	OR21-6, P1-64
Ribeiro, A	P2-256	Rocchi, R	OR22-2	Rose, SR	OR35-6	Rubinek, T	OR03-3, P3-45
Ribeiro, TC	P1-652, P3-80, P3-623	Roch, GJ	P1-150	Rose-John, S	P1-405	Rubinow, DR	P3-199, P3-398
Ribeiro-dos-Santos, AKC	P1-209	Rocha, A	P2-58, P2-650	Rosenberg, S	P3-291, P3-298	Rubio, A	P3-191
Ribeiro-Neto, F	P3-127	Rocha, EPCC	P3-495	Rosen, C	P3-146	Rudloff, ND	P2-570
Ribeiro-Oliveira, A Jr	P1-198, P3-322	Rocha, G	P3-557	Rosen, CJ	OR03-1, OR11-2,	Rudman, S	P3-587
Ricciardi, L	P3-394	Rocha, MGM	P2-702		P2-170, P2-187, P3-119	Rudraiah, M	P2-392
Ricciato, MP	P1-599	Rocha, MP	P3-387	Rosen, CR	P2-201	Ruff, DA	OR24-6, P3-511
Ricci, D	OR22-2	Rocha, MS	P3-631	Rosenbaum, M	P2-717, P3-701,	Ruffilli, I	P1-526
Riccomagno, S	P2-729	Rocha-Filho, JA	P1-428		P3-702, P3-703	Ruffin, M	OR16-5
Rice, KA	OR38-5	Roche, C	P2-303	Rosenberg, E	P3-175	Ruggeri, RM	P3-103
Rice, S	OR27-3, OR39-5	Roche, HM	P2-398	Rosenblatt, S	P3-535	Rui, H	P2-289, P2-290
Rich, SS	P1-478	Rochira, V	P1-576, P2-466	Rosenbloom, AL	P1-659	Ruiz-Pinio, F	P2-272
Rich, TA	OR14-1, P3-626,	Rochon, PA	P2-597	Rosencrantz, MA	P2-394	Ruiz-Pino, F	P2-269
	P3-655, P3-656	Rodd, C	P3-278	Rosenfeld, RG	P1-222, P1-659, P1-660,	Rumbsby, G	P1-323
Richard, K	P2-158	Rodien, P	P1-552		P1-661, P1-664, P2-161	Ruminjo, A	P1-610
Richard, N	P1-156	Rodvalho, GV	P1-201			Rundek, T	OR26-3

THE ENDOCRINE SOCIETY


ENDO 2010

THE ENDOCRINE SOCIETY'S 92nd ANNUAL MEETING



ENDO 2010
San Diego
JUNE 19-22

The Endocrine Society is providing the Abstracts on CD with the support of Novartis Pharmaceuticals Corporation. Novartis is in no way responsible for, nor have they influenced, the content of this activity.



ABSTRACTS2VIEW™

Abstracts2View™ I have read and agree to the Terms of Use Agreement

[P2-466] Prevalence and Characterization of Hypogonadism among Men with Human Immunodeficiency Virus Infection: Preliminary Results.

V Rochira, D Santi, G Brigante, L Zirilli, C Diazzi, G Orlando, C Carani, G Guaraldi. Univ of Modena and Reggio Emilia, Modena, Italy

Introduction: Among various comorbidities of Human Immunodeficiency Virus-1 (HIV-1) infection male hypogonadism is very frequent with a prevalence of 19% in patients treated with highly active anti-retroviral therapy (HAART). Literature data are lacking and achieved by studies with less than 300 subjects each.

Aim of the study: Prevalence and clinical characterization of hypogonadism among a large number of men with Human Immunodeficiency Virus Infection.

Methods: Endocrinological examination and hormonal screening including serum total testosterone, LH and FSH assays have been performed in 950 outpatients aged 20-69 years (mean age 45.5 years) at the Metabolic Clinic of Infectious and Tropical Disease between 2005 and 2009.

Results: Mean serum total testosterone was 470.9±205.5 ng/dl. Considering Endocrine Society threshold for hypogonadism diagnosis, 15.7% of our patients was hypogonadic (T<300ng/dl); referring to LH levels 8% of them was hypogonadotropic, 77.2% was normogonadotropic and 14.8% was hypergonadotropic. According to threshold proposed by International Society for the Study of the Aging Male (ISSAM) 23.7% of subjects results hypogonadic (T<346ng/dl) of which 5.8% was hypogonadotropic, 80% normogonadotropic and 14.2% hypergonadotropic.

Table 1

	Endocrine Society (T<300ng/dl)	ISSAM (T<346ng/dl)
Percentage of hypogonadism (n hypogonadic/n total)	15.7% (149/950)	23.7% (225/950)
LH<1.4 mUI/ml	8% (12/149)	5.8% (13/225)
1.4<8.9 mUI/ml	77.2% (115/149)	80% (180/225)
LH>8.9 mUI/ml	14.8 % (22/149)	14.2% (32/225)

Conclusions: Our results demonstrate a prevalence of hypogonadism in HIV patients comparable to older healthy subjects (19.3% of hypogonadism in patients with mean age 58.7 years; Schneider 2009). This study, which is conducted on an elevated number of HIV patients, shows that the prevalence of hypogonadism is higher than in general population. Normogonadotropism predominance in subjects with hypotestosteronemia suggests also a possible involvement of a pituitary dysfunction in the development of hypogonadism.

Nothing to Disclose: VR, DS, GB, LZ, CD, GO, CC, GG

Date: Sunday, June 20, 2010

Session Info: POSTER SESSION: CLINICAL - Pathophysiology, Diagnosis & Treatment of Male Hypogonadism (1:30 PM-3:30 PM)

Presentation Time: 01:30 PM

Room: Halls D-G

Embargo Policy

Unless otherwise noted, all abstracts presented at ENDO are embargoed until the date and time of presentation. Abstracts presented at a news conference are embargoed until the date and time of the news conference. The Endocrine Society reserves the right to lift the embargo on specific abstracts that are selected for promotion prior to or during ENDO.

Disclaimer Statement

The information presented at ENDO news conferences and within the Research Summaries Book represents the opinion of the presenters and authors and is not necessarily the view of The Endocrine Society. The Endocrine Society makes no representation as to the truth or warranty, accuracy, or originality of the information presented.

For additional information, please contact The Endocrine Society's Public Affairs Department at 301-941-0240 or ariskind@endo-society.org.